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Total Number of Pages in This Submission

2

Application Number

10/632,389

Filing Date

July 31, 2003

First Named Inventor

ZAVERI, Chanda

Art Unit

1646

Examiner Name

KEMMERER, Elizabeth

Attorney Docket Number

8035-002-US-DIV2

ENCLOSURES (Check all that apply)

☐

Fee Transmittal Form

☐

Fee Attached

☐

Amendment/Reply

☐

After Final

☐

Affidavits/declaration(s)

☐

Extension of Time Request

☐

Express Abandonment Request

☐

Information Disclosure Statement

☐

Certified Copy of Priority Document(s)

☐

Reply to Missing Parts/
Incomplete Application

☐

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

☐

Drawing(s)

☐

Licensing-related Papers

☐

Petition

☐

Petition to Convert to a
Provisional Application

☐

Power of Attorney, Revocation

☐

Change of Correspondence Address

☐

Terminal Disclaimer

☐

Request for Refund

☐

CD, Number of CD(s) _____

☐

Landscape Table on CD

☐

After Allowance Communication to TC

☐

Appeal Communication to Board
of Appeals and Interferences

☐

Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)

☐

Proprietary Information

☐

Status Letter

☒

Other Enclosure(s) (please identify
below):

- Request for Withdrawal as Attorney and
Change of Correspondence Address
- Self-Addressed, Stamped Postcard

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Catalyst Law Group, APC

Signature

Printed name

Michael B. Farber, Ph.D., Esq.

Date

August 18, 2006

Reg. No.

32,612

CERTIFICATE OF TRANSMISSION/MAILING

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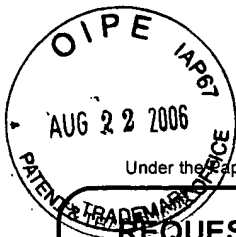
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Date

August 18, 2006

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/632,389
Filing Date	July 31, 2003
First Named Inventor	ZAVERI, Chanda
Art Unit	1646
Examiner Name	KEMMERER, Elizabeth
Attorney Docket Number	8035-002-US-DIV2

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: Permissive Withdrawal Under 37 CFR 10.40 (vi)

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
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<input checked="" type="checkbox"/> Firm or Individual Name	Dr. Chanda Zaveri, Activor Corporation				
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Signature					
Name	Michael B. Farber, Ph.D., Esq.			Registration No.	32,612
Date	August 18, 2006			Telephone No.	858-450-0099

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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